

HEALTH CARE COMMUNITY DISCUSSIONS: “WORKING GUIDE” OF CODES

The Health Policy Transition team and trained volunteers applied the below 95 codes to various words and ideas in the Health Care Community Discussion group submissions. This “working guide” was used as a reference for individuals who helped code the 3,276 group reports submitted to www.Change.gov. For more information on the application of the codes and the analysis of the reports, please see the Methodology appendix in *America Speaks on Health Reform: Report on Health Care Community Discussions*, available at www.HealthReform.gov.

<u>GROUP TYPE</u>	Short Description	Description
MP_advocacy_group	Advocacy Group	Meetings hosted by or including advocacy groups or organizations (e.g., Planned Parenthood, Health Care for America Now, etc.).
MP_everyday Americans	Everyday Americans	Meetings where a majority of attendees were “everyday” Americans (i.e., not part of an advocacy organization and not a health care professional).
MP_providers	Providers	Meetings where a majority of attendees were health care providers, such as physicians, nurses, or other medical professionals.

<u>PROBLEMS – ACCESS</u>	Short Description	Description
BP_ACCESS	Access—General	General comments about access that do not fall within other “Access” codes.
BP_ACCESS_care	Access to: Hospitals, Doctors, Rural Concerns, Shortages	Comments about shortages of hospitals, doctors, or other providers overall or in rural areas. Includes comments about travel time, difficulty navigating providers, transportation problems, inability to take time off of work, inconvenient hours, or inability to leave family members or children for care. NOTE: Put very general comments about difficulty with navigating the system under the “System” code.

BP_ACCESS_comprehensive coverage	Access to: Health Insurance and Health Care – Comprehensiveness and Adequacy of Coverage	Comments about the extent of insurance coverage being problematic (e.g., lack of coverage of preventive and other key services like mental health, dental, specialty, hospital, etc.). Also includes comments about service denials.
BP_ACCESS_ER	Access through: Emergency Rooms	Comments about the only access to health care being through the Emergency Room (e.g., Person may not have insurance or a regular doctor, or he is unable to receive care through a regular doctor's office due to inconvenient hours or long appointment waits).
BP_ACCESS_general	Access: Generally	General comments that do not explain the access type. NOTE: If there is concern about access due to costs, use the codes in the "Cost" section.
BP_ACCESS_insurance cost	Access: Insurance Cost	Comments about the cost of insurance (e.g., premiums, deductibles, co-pays) as a barrier to accessing care.
BP_ACCESS_insurance non-financial	Access to: Health Insurance—Non-Financial Barriers	Comments about inability to get insurance because of non-financial barriers (e.g., lack of job or pre-existing condition, disability, loss of insurance via job, inability to qualify for public insurance programs (Medicare, Medicaid, SCHIP, VA/DOD coverage)).
BP_ACCESS_minority	Access by: Racial/ Ethnic Minorities	Comments about discrimination of racial or ethnic minorities. Includes comments about those for whom English is a second language.
BP_ACCESS_other	Access: Other	Other specific access comments that do not fall within other access codes.
OP_alternative	Alternative Medicine	Comments about acupuncture, chiropractic services, naturopaths, or complementary and homeopathic medicine.
OP_shortages	Shortages of Key Providers (e.g., primary care physicians, nurse practitioners, nurses)	Comments about how there are not enough physicians or other health care professionals.

<u>PROBLEMS – COST</u>	Short Description	Description
BP_COST	Cost—General	General comments about cost that do not fall within other “Cost” codes.
BP_COST_admin	Cost: Administrative Costs, Bureaucracy	Comments about the cost to administer a system with many insurers and payers. For example, comments about the cost of having many different types of insurance forms and processes for hospitals, doctors, and patients.
BP_COST_drugs	Cost: Drugs/Medications	Comments about how much drugs/medications cost and the high prices for both insured and uninsured individuals.
BP_COST_insurance	Cost: Insurance (include premiums)	Comments about insurance costs being too high. This could include comments such as “My monthly or yearly premium is too high.” NOTE: High insurance administrative costs should be coded as “Administrative costs, bureaucracy.”
BP_COST_other	Cost: Other	Other comments about cost that do not fall within the other cost code descriptions.
BP_COST_overall	Cost: Overall System Costs (e.g., percent of GDP), Rate of Increase Overall	General comments about system costs, costs being too high, or costs are increasing too fast. Includes comments about the GDP percentage being too high.
BP_COST_services	Cost: Services – Hospital Care, Physician/Doctor – Primary Care, Medical Equipment	Comments about how much services cost and the total cost of specific types of services. Also includes comments about high tech equipment costs. NOTE: If it is just the share of total service costs that a person pays, see “Cost To: Individuals and families.”
BP_COST_to business	Cost to: Business (large and small)	Comments about business/employer coverage costs being too high or increasing too fast. Includes comments about cost to the business or per product (e.g., for GM, \$2,000 per car).
BP_COST_to individuals	Cost to: Individuals and Families	Comments about how much individuals pay overall, including aspects like co-pays, deductibles, uncovered services, etc. (NOTE: If it is the cost of premiums, see “Cost of: Insurance.”)

BP_COST_to taxpayer	Cost to: Taxpayer and/or Federal Government (Medicare, Medicaid, CHIP)	Comments about government in general or specific policies related to Medicare (e.g., overpayment of private health plans or Medicare Advantage Plans; paying high drug prices through prescription drug program, etc.). Includes comments about the high cost of Medicaid or CHIP. NOTE: Impact of these issues is covered by other codes.
IMPACT_delay care	Individuals/Families: Delay Care	Comments about the inability to get care when needed and its implications on health (e.g., got sicker, did not seek care due to cost or other system problems, cut pills to reduce costs).
IMPACT_financial hardship	Individuals/Families: Face Financial Hardship, Including Bankruptcy	Comments about individuals who are underinsured; who have difficulty paying bills and are using savings, credit cards, or retirement funds for health bills; or who are being pursued by collections agents. Also includes links to house foreclosures.
IMPACT_large business	Business: All or Large (e.g., less competitive, less willing to hire)	Comments about how business (all business or large businesses) is affected by the health system, such as inability to use resources for other things, hesitation to hire more workers, etc.
IMPACT_small business	Business: Small (e.g., less competitive, less willing to hire)	Comments about how small businesses are affected by the health system, such as inability to use resources for other things, hesitation to hire more workers, etc.
OP_insensitivity	Cost: Insensitivity of Private Employers, Patients/Consumers, Some Providers	Comments about people not knowing how much health care costs. Includes comments about the lack of transparency, difficulty of finding information, or too many choices (e.g., Medicare drug plan options).

PROBLEMS – QUALITY	Short Description	Description
BP_QUALITY	Quality—General	General comments about quality that do not fall within other quality codes.
BP_QUALITY_error	Quality: Medical Errors/ Patient Safety Problems	Comments about quality of care being harmful. Includes comments about mistakes, errors, providers that won't admit problems, provision of bad care, etc.
BP_QUALITY_general	Quality: Generally Poor, Not as Good as it Could Be, or Declining	Comments about general poor quality of care. Includes comments about providers not caring, patients who are treated poorly, not enough time with the provider, or unresponsive care.
BP_QUALITY_other	Quality: Other	Other specific quality comments that do not fall within other quality codes.
BP_QUALITY_overuse	Quality: Overuse or Providing Services of Marginal or No Added Value	Comments about duplicate, excess, or unnecessary tests or care; over-use; or too much insurance (over-insured). NOTE: This may be framed as a cost issue but code these themes as “Quality: Overuse.”

PROBLEMS – SYSTEM	Short Description	Description
BP_SYSTEM	System—General	General comments about the system that do not fall within other system codes.
BP_SYSTEM_employer	Tie to Employment / Lack of Portability	Comments about people getting insurance through work/their employers (e.g., people want options independent of work, so they can easily take it from one job to another (i.e., portability)).
BP_SYSTEM_government	Too Much Federal and/or State Government Involvement (e.g., CHIP and crowd-out)	Comments about decreasing or limiting government involvement in health care. NOTE: This is different from people talking about the complexities of the system.

BP_SYSTEM_no system	Lack of a System/ No Real System – For Navigating Insurance, Care Delivery and Coordination; Complex and Bureaucratic	Comments about the fact that there is no real health care system. Includes comments saying that there are “too many insurers, hospitals and doctors to know where to go and what to do,” “doctors and hospitals don’t coordinate care with each other or for patients,” and that the system needs to be simplified.
BP_SYSTEM_other	System: Other	Other specific comments about the system that do not fall within other “System” codes.
BP_SYSTEM_uninsured	Lack of Universal Coverage/ System that Leaves Many Out or Does Not Include All (Uninsured)	Comments about the system not being universal or leaving people uninsured. Includes comments such as “Many people don’t have insurance,” “There are system gaps,” “We have a two-tiered system,” or “People are excluded.”
BP_SYSTEM_values	Wrong Values, Priorities or Emphasis	Comments about the system having the wrong values or priorities. Includes comments such as “Health care is a privilege, instead of right,” health care is focused on sickness, hospital, and specialty or high tech care, rather than wellness, prevention, or primary care; or not enough emphasis on mental health or nursing home care. Includes comments on values and vague principles about the health care system.
IMPACT_federal	Federal Government (e.g., Budget, deficit, inability to work on other issues)	Comments about the impact of health care on the Federal Government. Includes comments about Medicare bankruptcy, Medicaid, the Veterans’ Administration (VA), and the Children’s Health Insurance Program (CHIP). NOTE: If people just say “government,” code it as federal.
OP_for profit	For-Profit Medicine	Comments about how the insurance industry or other health care actors are motivated by monetary profits. Also includes comments about insurance company and pharmaceutical company advertising.
OP_no information/research	Lack of Information and Research: Medical and Cost-Effectiveness and Its Use by Public and Private Payers	Comments about insufficient information, including comparative information (easily accessible and understandable) about costs and/or cost and quality trade-offs; and information about strategies/tools to improve efficiency and/or quality.

PROBLEMS – OTHER / MISC.	Short Description	Description
OP_coalitions	Lack of Purchasing Coalitions by Private Employers	Comments about a lack of purchasing coalitions (i.e., multiple employers banding together to buy health insurance coverage).
OP_immigrants	Immigrants	Comments about health care for immigrant populations.
OP_IT	Lack of Use of Electronic Health Records and Other Information Technology (IT)	Comments about electronic health records (EHR); electronic medical records (EMR); or other Health Information Technology comments, such as concerning computerized physician order entry (CPOE), personal health records (PHR), and regional health initiatives (RHIO).
OP_malpractice	Malpractice System	Comments about how the malpractice system results in higher costs, does not work to prevent injury/harm, etc.
OP_no purchasing power	Failure of Federal and/or State Government to Use its Purchasing Power (e.g., negotiating drug prices with pharmaceuticals, etc.)	Comments about government not using its power to negotiate prices for services, drugs, etc.
OP_other	Other Problems: Other	Comments about other specific problems that do not fall within other “Other Problem” categories.
OP_payment system	Payment Policy/Reimbursement System (as noted above), Including Lack of pay-for-performance and no-pay for non-performance (e.g., don’t pay for preventable mistakes/errors)	Comments about the impact of the reimbursement system. Includes comments that reimbursement system is “distorted,” such as payment for procedures regardless of whether or not they work or are poorly done; relatively little pay-for-performance; or lack of rewards for efficiency and quality.
OP_unhealthy behaviors	Unhealthy Behaviors (e.g., smoking, drinking, lack of diet/exercise and obesity)	Comments about patients/consumers potential unwillingness or inability to take responsibility for their own health; also comments about lack of consumer-driven or directed care.

SOLUTIONS – SYSTEM	Short Description	Description
SGSTN_accountability	Medical Home or Other “Accountable Health Care Organization” Concepts	Comments about holding health care entities more accountable. Includes comments referring to “integrated” or “organized” care, bundled payments, and primary care.
SGSTN_collaboration	Collaboration	Comments about efforts for more collaboration between different types of health care providers (e.g., hospitals, community clinics, physicians, insurance companies, etc.)
SGSTN_other countries	Build (or don’t build) on Other Countries Health Care Models (Canada, UK)	Comments about other countries’ health systems. Includes general references to other countries. NOTE: If the comment says “single-payer like Canada’s,” include in single-payer code below.
SGSTN_single payer	Single-payer	Comments about a single-payer system. Includes comments like “Medicare for All” or eliminate private insurers / for-profit medicine. NOTE: This is not the same as universal coverage, which could be achieved in other ways (e.g., all people could be insured through a mix of public and private insurers).
SGSTN_specific	Specific Suggestions	Comments about specific suggestions or ideas for reducing costs or slowing rate of cost growth; increasing efficiency; improving access; improving quality; improving prevention; or promoting healthy behaviors.
SGSTN_state experiences	Build (or don’t build) on States Experience (e.g., Massachusetts)	Comments about other state health care models (e.g., Massachusetts Connector Authority, or state waivers / demonstrations). Includes any named state programs.
VSN_ROLE_business	Business: Large and small	Comments about the role of businesses in a future health care system.
VSN_ROLE_federal	Government (Federal): Generally	Comments about the role of the Federal government in the health care system. Includes comments about government that do not specify federal, state, or local. Also includes other federal agencies (e.g., Department of Education). NOTE: If it specifies Medicare, code separately (see below).

VSN_ROLE_insurance exchange	Insurance Exchange, Health Insurers	Comments about insurance exchange models. Includes references to public as well as private insurance or plans, “carriers,” HMOs, or other insurance-related organizations.
VSN_ROLE_medicare	Medicare	Comments about the role of Medicare in a future health care system.
VSN_ROLE_private insurer	Private Insurers	Comments about the role of private insurers in the health care system.
VSN_ROLE_providers	Providers: All Health Care Providers, Including Hospitals, Doctors, Nurses, etc.	Comments about the role of any actor within the health system, except health insurers / health plans (see Insurance Exchange / Insurers) and drug companies / pharmaceuticals (see below).
VSN_ROLE_state	Government (State): Generally	Comments about the role of State governments in the health care system. Includes comments referring to cities, counties, and other local governments.
VSN_VALUES_choice	Maintain Choice or Provider and/or Maintain or Build Doctor-Patient Relationship	Comments about “choice,” including choice of insurance plans.
VSN_VALUES_comprehensive	Comprehensive Coverage	Comments about covering all needed services so that insurance does not leave people unprotected from high costs, facing barriers to services like prevention and mental health, or facing other gaps in coverage.
VSN_VALUES_efficient	Efficient, Emphasis on High-Value Health Care	Comments about health care being less costly, affordable, and providing incentives for all “to do the right thing.” Includes comments that “doing the right thing” fosters research and innovation and encourages efficiency and better “bang for the buck.”
VSN_VALUES_fair coverage	Covering All Americans/ Fair & Equitable	Comments about health care coverage for all Americans. Includes comments about universal coverage; “health care is a right, not a privilege;” health care should be reliable; or insurance should always be available and secure. Also includes comments about racial disparities.
VSN_VALUES_patient centered	Patient-Centered and/or Friendly	Comments about making sure patients’ needs and interests are considered in all aspects of the health system.

VSN_VALUES_private market	Maintains Private Market Aspects of System	Comments about continuing to stimulate competition and maintaining a role for private employers and insurers. Includes terms like innovation, markets, reducing government regulation, roles, or involvement.
VSN_VALUES_simpler	Less Complex/Simpler	Comments about the system being less bureaucratic; comments about “effectiveness” as well as transparency (e.g., information on cost and quality should be easily accessible and usable).

SOLUTIONS – PUBLIC HEALTH & PREVENTION	Short Description	Description
SGSTN_education	Education: Generally and Related to Health (wellness/prevention, chronic disease management, etc.)	Comments about increasing health care education. Includes comments on more information and transparency.
SGSTN_food	Food (better): Organics, Healthier Products, Food Labeling, etc.	Comments about food in relation to health care. Includes comments suggesting more programs like Food Stamps, school lunches, vending machines, or soda/junk food taxes.
SGSTN_public health	Public Health: Specific public health efforts and/or ways to collaborate with public health agencies (e.g., ad campaigns about healthy or unhealthy behaviors, prevention, etc.).	Comments about public health efforts. NOTE: Public health is population-based/involves community rather than individual interventions. Includes ideas that focus on behaviors like smoking, drinking, overeating, and too little exercise.
SGSTN_schools	Schools: Specific School Based Efforts or Programs	Comments about schools in relation to health care. Includes comments about health-related school-based programs (e.g., more physical education, health education, healthy school lunch programs).
SGSTN_tax incentives	Tax Policy: Tax Incentives to Provide or Gain Coverage	Comments about tax policy in relation to health care. Includes policies like “changing the tax exclusion for health benefits,” expanding health savings accounts (HSAs), and allowing tax breaks for individual coverage.

VSN_ROLE_clinics	Clinics	Comments about health care clinics (e.g., providing more health care clinics).
VSN_ROLE_communities	Communities	Comments about community health programs (e.g., community health initiatives for healthy eating, exercise, etc.).
VSN_ROLE_faith	Churches, Mosques, etc.	Comments about promoting health care through faith-based organizations.
VSN_ROLE_food	Food Producers/Grocery Stores	Comments about actors/entities with ties to nutrition.
VSN_ROLE_individuals	Patients/Families	Comments about the role of individuals in health care (e.g., taking more individual responsibility for healthy lifestyles).
VSN_ROLE_social services	Social Services Agencies	Comments about the role of social services agencies in health care delivery.
VSN_VALUES_prevention	Emphasis on Wellness/Prevention	Comments about patient/family responsibility for healthy behaviors, emphasis on cancer screening, immunization, reducing obesity or tobacco use, etc.

SOLUTIONS – OTHER / MISC.	Short Description	Description
SGSTN_IT	EHR and Health IT, Including E-Prescribing and Things Like Interpersonal Health Records (IPHRs)	Comments about electronic health records (EHR) and electronic medical records (EMR) as solutions to problems with the health care system. Also includes references to “Protect Patient Privacy—Medical record information.”
SGSTN_malpractice	Malpractice Reform	Comments about lawyers and frivolous lawsuits, etc. NOTE: Could be referred to as tort reform or “med. mal.”
SGSTN_other	Suggestions or Recommendations: Others	Other suggestions or recommendations that do not fall within other “Suggestion” codes.
SGSTN_tax drugs	Tax Policy: Tax Tobacco, Alcohol, etc.	Comments about policies like higher taxes on tobacco and alcohol to expand funding for health care programs.

VSN_ROLE	New or Appropriate Role/Responsibilities	Comments about other new roles in the health care system that do not fall within other “Vision Role” categories.
VSN_ROLE_FHB	Federal Health Board	Comments about a Federal Health Board; also could be called a commission or advisory council.
VSN_ROLE_hospitals	Hospitals	Comments about the role of hospitals. Includes references to community hospital health programs.
VSN_ROLE_other	Roles/Responsibilities: Other	Other comments about the role of certain players in a future health care system that do not fall within other “Vision Role” codes.
VSN_ROLE_pharmaceutical	Pharmaceutical Industry	Comments about the role of the pharmaceutical industry in the health care system.
VSN_VALUES	Values/Assumptions	Comments about the values of a future health care system (e.g., health care as a “right,” not a privilege).
VSN_VALUES_other	Values/Assumptions: Other	Other comments about health care values that do not fall within the other “Vision Values” codes.